

04/05/01



MTI-1733

04-06-01

47PTO/SB/05 (12/97) OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	068354.1027	Total Pages	36, & 35 1 check
	First Named Inventor or Application Identifier			
	SCHLANGER, ET AL.			
	Express Mail Label No.	EL477922130US		

09/827273
04/05/01

ADDRESS TO:	ASSISTANT COMMISSIONER FOR PATENTS BOX PATENT APPLICATION WASHINGTON, D.C. 20231
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ACCOMPANYING APPLICATION PARTS
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [24] (preferred arrangement below) including cover sheet</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claims(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [6] Total Pages [30]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p>	<p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other:</p> <p>A. Check #733638 in the amount of \$890 for filing fee and additional claims;</p>

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below					
NAME	PAUL N. KATZ (REG. NO. 35,917)				
	BAKER BOTTS L.L.P. (PTO CUSTOMER NO. 023640)				
ADDRESS	ONE SHELL PLAZA				
	901 LOUISIANA STREET				
CITY	HOUSTON,	STATE	TEXAS	ZIP CODE	77002-4995
COUNTRY	USA	TELEPHONE	713.229.1343	FAX	713.229.7743

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin-top: 20px;">NOTE: Effective October 1, 1997 Patent fees are subject to annual revision</p>		Complete if Known	
		Application Number	
		Filing Date APRIL 5, 2001	
		First Named Inventor SCHLANGER, et al.	
		Group Art Unit	
Examiner Name			
TOTAL AMOUNT OF PAYMENT		\$890.00	
Attorney Docket Number		068354.1027	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																										
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account No.: 02-0383 Deposit Account Name: Baker Botts L.L.P.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>																																																																																																																																																																																											
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<p>2. CLAIMS</p> <p>Total Claims [30] - 20 = [10] x [10.] = \$180.00 Independent Claims [3] - 3 = [] x [80.] = \$ Multiple Dependent Claims [] x [270.] = \$</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>130</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>\$180.00</td> </tr> </tbody> </table>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	39	Independent claims in excess of 3		104	270	204	130	Multiple dependent claim		109	78	209	39	Reissue independent claims over original patent		110	18	210	9	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$180.00																																																																																																																																																
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				Complete (if applicable)	
Typed or Printed Name		PAUL N. KATZ		Registration Number	
Signature		<i>Paul N. Katz</i>		35,917	
Date		April 5, 2001		Deposit Account User ID	